Practitioner's Docket No.	05-434		PATENT	
COMBINED I	DECLARATION .	AND POWER	OF ATTORNEY	
(ORIGINAL, DESIGN	N, NATIONAL STAGE CONTINUATI		MENTAL, DIVISIONAL,	
As a below named inventor, I he	reby declare that:			
	TYPE OF DE	CLARATION		
This declaration is of the followi (check one)	☐ design. ☐ supplements ☑ national sta ☐ divisional. ☐ continuation	ge of PCT.		
	INVENTORSHIP I	DENTIFICATIO	ON	
original, first and sole inventor (if only one name is listed	d below) or an origi	o my name. I believe that I am the nal, first and joint inventor (if plural a patent is sought on the invention	
	TITLE OF I	NVENTION		
DEVICE FOR HSD	NC NUMEROUS	ADTICI ES 1	FACH ARTICI F	
DEVICE FOR USING NUMEROUS ARTICLES, EACH ARTICLE COMPRISING AT LEAST ONE CONTACTLESS DATA MEDIUM				
SPECIFICATION IDENTIFICATION				
the specification of which:				
(a) ☐ is attached hereto.				
(b) ⊠ was filed on <u>June 13</u> , and was amended on <u></u>	2005	, as Serial No (if applicable).	10/538,555	
(c) 🗵 was described and claimed	d in PCT International A	application No. PC		

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56, and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, and

☑ in compliance with this duty, there is attached an information disclosure statement, in accordance with 37 C.F.R. § 1.98.

PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, §§ 119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed. Such applications have been filed as follows:

PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)-(d)

COUNTRY (OR INDICATE IF PCT)	APPLICATION NO.	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
FR	02/15743	12 December 2002	YES
			YES/NO
			YES/NO
· · · · · · · · · · · · · · · · · · ·			YES/NO
			YES/NO

POWER OF ATTORNEY

I hereby appoint the practitioners practicing at the following Customer Number to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

34704

SEND CORRESPONDENCE TO:

DIRECT TELEPHONE CALLS TO:

The above Customer Number.

Barry L. Kelmachter (203) 777-6628 - ext. 112

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of sole or first inventor:	Full name of second joint inventor, if any:		
(signature)	(signature)		
Name: Christophe Loussert	Name: Philippe Martin		
Date: 29 \w 2005	Date: 22 Juin 2005		
Country of Citizenship: France	Country of Citizenship: France		
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Post Office Address: (SAME AS ABOVE)	Post Office Address: (SAME AS ABOVE)		
Full name of third joint inventor, if any:	Full name of fourth joint inventor, if any:		
(signature)	(signature)		
Name:	Name:		
Date:	Date:		
Country of Citizenship:	Country of Citizenship:		
Residence Address:	Residence Address:		
Post Office Address:	Post Office Address:		

THIS DECLARATION ENDS WITH THIS PAGE.